



ARKANSAS
BUREAU OF
STANDARDS

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NON-COMPLIANCE REPORT FOR REGISTERED METER SERVICE AGENCIES

Location Name: _____ Phone: () _____

Mailing Address: _____

Street City, State Zip

Location Address: _____

Street City, State Zip

Type of Device			
Truck Meter	<input type="checkbox"/>	Make:	Model:
Dock Meter	<input type="checkbox"/>	Serial No:	Maximum GPM:
Diesel Pump	<input type="checkbox"/>	National Type Evaluation Program (NTEP) Certificate of	
Gas Pump	<input type="checkbox"/>	Conformance Number:	
Mass Flow Meter	<input type="checkbox"/>	Reasons for Non-Compliance:	
Agri-Meter	<input type="checkbox"/>	1.	
LPG Meter	<input type="checkbox"/>	2.	
Other	<input type="checkbox"/>	3.	
(Specify): _____		4.	

Remarks: _____

Service Agency: _____ Registration No: _____ Date: _____

Service Agent Name: _____

Device Owner/Operator: _____

PLEASE PRINT

Device Owner/Operator Signature: _____